

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.  
**238501**  
APPLICANT'S

FILED DATE  
**7/27/99**

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IN	DEF.	NO.	DEF.	NO.	DEF.
1	/					
2		/				
3		/				
4		/				
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TOTAL	2					
TOTAL	14					
TOTAL	16					

	NO.		DEF.		IN	
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